



FAITH IN ACTION VOLUNTEER APPLICATION

Basic Information:

Name: _____

Orientation Date: _____

Address: _____

Cell Phone: _____

City and State: _____

Home Phone: _____

Email Address: _____

Date of Birth: _____

Church Organization: _____

Veteran: _____

Preferred Areas of Ministry:

(please circle, may choose more than one)

Transportation

Errands

Home Visits

Phone Visits

Public Speaking

Office

Respite Care

Special Projects

Exercise Classes

Long Distance

Willing to Assist:

(please circle)

Once/week

Multiple times/week

As Needed

Limited Commitment

Times Available to Volunteer:

(please check the boxes for times you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Information to Match a Care Receiver:

Occupation (past occupation if retired): _____

Previous Volunteer Experience: _____

Hobbies/Interests: _____

I am a smoker: _____

I am willing to visit a smoker: _____

Emergency Contact:

Emergency Name: _____

Phone Number: _____

Relationship: _____

Volunteer Health:

Do you have any physical condition that may limit your activities? _____

If yes, please describe: _____

Volunteer Driver:

Do you have a driver's license? _____ Do you have Auto Insurance? _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____

If Yes, please explain: _____

What type of vehicle(s) do you own? CAR TRUCK VAN MULTIPLE VEHICLES

References:

Please provide Faith in Action with the names of two different people who are not related to you, have known you for at least a year, and who can serve as references.

Reference One:

Name: _____ Home/Cell Phone: _____

Email Address: _____ OR Address: _____

Reference Two:

Name: _____ Home/Cell Phone: _____

Email Address: _____ OR Address: _____

Consent:

By signing my name below I consent that Faith in Action/OSF may contact the references I have listed, the information I have provided, to the best of my knowledge, is correct, and my information will be entered into an online encrypted database and used to contact me regarding Faith in Action/OSF volunteer opportunities and/or information deemed important for the hospital and ministry.

I am also acknowledging I have received a copy of Faith in Action's Orientation Manual.

Volunteer's Signature

Date